


Please date stamp and return to addressee.

APPLICANT: DEAN L. ENGELHARDT ET AL.		<input checked="" type="checkbox"/> Express Mail Label No. EF414877403
TITLE: PHOSPHATE-MOIEITY LABELED NUCLEOTIDES		<input type="checkbox"/> First Class Mailing Date
		DATE MAILED: JUNE 23, 1994
ENCLOSED ARE:		
<input type="checkbox"/> Application	<input checked="" type="checkbox"/> Response to OA (REQ. FOR	
<input type="checkbox"/> Declaration	<input type="checkbox"/> Amendment RECONSID. OF	
<input type="checkbox"/> Drawings	<input type="checkbox"/> Issue Fee REST. REQ'T &	
<input type="checkbox"/> Assignment	<input checked="" type="checkbox"/> Other (see below) ELECT. OF SPECIES)	
<input checked="" type="checkbox"/> PETITION TO REVIVE AN UNINTENTIONALLY		
ABANDONED APPLICATION UNDER 37 C.F.R. § 1.37(b)		
<input type="checkbox"/> (WITH ATTACHED EXHIBITS A & B)		Serial No. 08/046,004
<input type="checkbox"/>		Docket No. ENZ-5(D6)(C1)

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E1

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

EN2-5(DG)(C1)

also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

COMMISSIONER OF
PATENTS & TRADEMARKS
WASHINGTON, D.C.
20231

BOX DAC

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

EF414877403

4b. Service Type

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☒ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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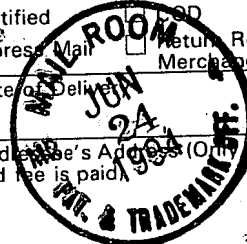
EF414877403

4b. Service Type

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☒ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)



Thank you for using Return Receipt Service.

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

POST OFFICE TO ADDRESSEE



EF414877403US

ORIGIN (POSTAL USE ONLY)

INTERNATIONAL SHIPMENTS ONLY <input type="checkbox"/> Business Papers <input type="checkbox"/> Merchandise <small>Customs forms and commercial invoice may be required. See Pub 273 and International Mail Manual</small>	P.O. ZIP	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/> Flat Rate Envelope
	Date In Mo. Day Yr.	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
	Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt
	Weight lbs oz	4th Alpha Country Code	C.O.D.
	No Delivery <input type="checkbox"/> Weekday <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Date of Delivery	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Signature of Addressee or Agent X		
Name - Please Print X		

CUSTOMER USE ONLY

METHOD OF PAYMENT: Express Mail Corporate Acct. No.	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): I wish delivery to be made without obtaining the signature of the addressee or the addressee's agent (if in the judgement of the delivery employee, the article can be left in a secure location) and I authorize the delivery employee to sign that the shipment was delivered and understand that the signature of the delivery employee will constitute valid proof of delivery. <input type="checkbox"/> NO DELIVERY <input type="checkbox"/> WEEKEND <input type="checkbox"/> HOLIDAY
Federal Agency Acct. No. or Postal Service Acct. No.	
Customer Signature _____	

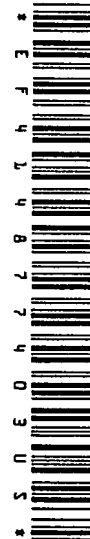
FROM: (PLEASE PRINT) PHONE 212-856-0876 RONALD C. FEDUS, ESQ. ENZO BIOCHEM, INC. 575 FIFTH AVENUE (18TH FLOOR) NEW YORK, NEW YORK 10017 ENZ-5 (D6) (C1)	TO: (PLEASE PRINT) COMMISSIONER OF PATENTS AND TRADEMARKS WASHINGTON, D.C. 20231 ATTENTION: BOX DAC
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PLEASE PRESS HARD	YOU ARE MAKING 3 COPIES
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LABEL 11-B 5/93

For Pickup or Tracking Call 1-800-222-1811

MAILING COPY



POST OFFICE TO ADDRESSEE EXPRESS MAIL

EF414877403US

ORIGIN (POSTAL USE ONLY)

INTERNATIONAL SHIPMENTS ONLY		P.O. ZIP		Day of Delivery		Flat Rate Envelope	
<input type="checkbox"/> Business Return		11/1/79		<input type="checkbox"/> Next <input type="checkbox"/> Second		Postage	
<input type="checkbox"/> Merchandise		Date In		<input type="checkbox"/> Q2 Noon <input type="checkbox"/> 3 PM		\$	
Customer forms and commercial invoices may be required. See Pub 273 and International Mail Manual		Mo. 11 Day 1 Yr.		Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		Return Receipt <input type="checkbox"/> C.O.D.	
		Time In		Int'l Alpha Country Code		Total Postage & Fees	
		<input type="checkbox"/> AM <input type="checkbox"/> PM				\$	
		Weight		Acceptance Clerk Initials			
		lbs oz		AM			
		<input type="checkbox"/> No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday					

SEE REVERSE SIDE FOR THE SERVICE GUARANTEE AND LIMITS ON THE INSURANCE COVERAGE

CUSTOMER USE ONLY

METHOD OF PAYMENT:		TO: (PLEASE PRINT)	
<input type="checkbox"/> Express Mail Corporate Acct. No.		PHONE	
<input type="checkbox"/> Federal Agency Acct. No. or Postal Service Acct. No.		COMMISSIONER OF PATENTS AND TRADEMARKS WASHINGTON, D.C. 20531 ATTENTION: SOX PAC	

FROM: (PLEASE PRINT) PHONE 212-855-0475

RONALD C. FEUS, ESQ.
2120 BIOCHEM, INC.
575 FIFTH AVENUE (18TH FLOOR)
NEW YORK, NEW YORK 10017

EN2-5 (D6) (C1)

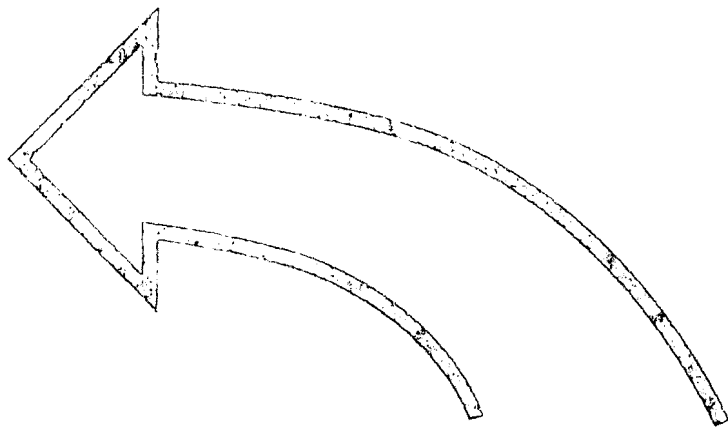
LABEL 11-B 5/93

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CUSTOMER COPY

ADHESIVE
TO EXPOSE
PUT HERE



EF4J4877403US